

# EXHIBIT 6

1 UNITED STATES DISTRICT COURT

2 MIDDLE DISTRICT OF FLORIDA

3 TAMPA DIVISION

4 REBOTIX REPAIR LLC,

5 Plaintiff,

6 vs.

7 INTUITIVE SURGICAL, INC.,

8 Defendant.

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)  
) Case No.  
) 8:20-cv-02274  
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11 VIDEO DEPOSITION OF PULLMAN REGIONAL HOSPITAL

12 BY AND THROUGH ITS DESIGNATED REPRESENTATIVE

13 EDWARD W. HARRICH

14 MAY 24, 2021

15 CONDUCTED REMOTELY VIA VIDEOCONFERENCE  
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23 Reported by Cynthia J. Vega

24 RMR, RDR, CA CSR 6640, WA CSR 21001436, CCRR 95

25 Job No. 194419

1 10:12 a.m.

2 My name is Manuel Garcia. I'm the legal  
3 video specialist from TSG Reporting, Inc.

4 The court reporter is Cindy Vega in  
5 association with TSG Reporting.

6 Counsel, please introduce yourselves.

7 MR. LYON: My name is Rick Lyon of Dovel &  
8 Luner. I am counsel for the plaintiff, Rebotix  
9 Repair.

10 MR. MENITOVE: Mike Menitove from Skadden  
11 Arps on behalf of the defendant, Intuitive Surgical.

12 MR. ALMY: Griff Almy, Skadden Arps, also on  
13 behalf of the defendant, Intuitive Surgical.

14 THE VIDEOGRAPHER: Would the court reporter  
15 please swear in the witness.

16 THE REPORTER: Yes. And, Mr. Rembert, can  
17 you state your appearance, please.

18 MR. REMBERT: Yes. My name is Robert  
19 Rembert, and I'm general counsel for Pullman Regional  
20 Hospital.

21 THE REPORTER: Thank you.

22

23 EDWARD W. HARRICH,  
24 Witness herein, being first duly sworn, testifies as  
25 follows:

## EXAMINATION

BY MR. LYON:

Q. Good morning, sir.

A. Morning.

Q. Can you introduce yourself, state your name and where you work?

A. Okay. My name is Edward Walker Harrich. I work at Pullman Regional Hospital since 2006. I'm the director of surgical services.

Q. The director of what?

A. Surgical services.

Q. And what are your duties as the director of surgical services?

A. I have a wide variety of duties, but I oversee about 32 personnel, 22, 23 surgeons. I work with the finances, the equipment that comes in, the training of the staff, payroll. Just pretty much overview of everything going on in the department.

I will work in the OR on the surgical cases a little bit, but that's not my primary role. Primary role is to staff the people --

Q. And you understand you're testifying on behalf of Pullman Regional Hospital today?

A. That's correct.

(Reporter clarification.)

1 Q. Mr. Harrich, I believe you said you're  
2 responsible for medical equipment; is that right?

3 A. That's correct.

4 Q. What does that mean?

5 A. That means any new equipment that we're  
6 bringing into the hospital, I'll look at it, review  
7 it, see if it is financially in line with our budget,  
8 if it's a quality product.

9 I kind of -- I do the screening before the  
10 reps come into the hospital. We get solicited by reps  
11 on a daily basis, and if I let every one of them come  
12 in, we'd get nothing done.

13 So I'll meet with the rep, see what their  
14 product is, see what their cost is. We'll get a  
15 couple samples, give them a try. If we like it, if  
16 there's a cost savings, physicians find it to be an  
17 advantage, we'll go with it.

18 The physicians will tell me about products  
19 that they've seen at shows or other hospitals and  
20 stuff, and so then I'll arrange the reps to come in  
21 and give us a trial.

22 Q. Sir, does Pullman Regional Hospital have any  
23 da Vinci surgical robots?

24 A. Yes, we have a da Vinci, an Si.

25 Q. "Si," that's the model number?

1       A.     It's called the da Vinci Si.  It's  
2     streamlined integration, is what the "S" and the "i"  
3     stand for.

4       Q.     When did Pullman Regional acquire the  
5     da Vinci Si model?

6       A.     I believe we purchased it in 2011,  
7     thereabouts.

8       Q.     Since 2011, when your hospital purchased the  
9     da Vinci machine, has it purchased any additional  
10    da Vinci machines?

11      A.     No, we have not.

12      Q.     What surgeries does Pullman Regional perform  
13    with the da Vinci robot?

14      A.     We'll do urology, general surgery, and  
15    OB-GYN.  The OB-GYNs primarily use it for  
16    hysterectomies, but the urologists will use it for  
17    nephrectomies, partial nephrectomies, and  
18    prostatectomies.

19             And the general surgeons typically use it for  
20    lower cholecystectomies or inguinal hernia repairs.

21      Q.     How many surgeons perform da Vinci surgeries  
22    at your hospital?

23      A.     Right now, we have six or -- six of them, I  
24    believe.  Seven.  We have seven.

25      Q.     Does the fact that your hospital has a

1 da Vinci surgical robot help your hospital attract top  
2 surgeons?

3 A. Absolutely.

4 Q. Why is that?

5 A. Well, you can't get a urologist if you don't  
6 have a robot. We were unsuccessful about -- for about  
7 three years. We got the robot, and then we had  
8 urologists coming out of med school or moving on from  
9 their practices that were now interested in engaging  
10 in conversation with us. So that's how we landed  
11 Dr. Smith.

12 Q. Who is Dr. Smith?

13 A. Dr. Smith is a urologist.

14 Dr. Ullrich was our urologist that left  
15 because we didn't have plans of getting a robot.

16 Q. Your hospital lost a surgeon because you were  
17 unable to acquire a robot?

18 A. This is correct.

19 Q. Why is that?

20 A. Well, he wanted to do robotic prostates. Our  
21 prostate volumes went from about 50 to 60 prostates a  
22 year, somewhere in that ballpark range -- I'm going  
23 back to 2011, 2010-ish -- we went down to 5 cases that  
24 next year, because people were going to other places  
25 that had a robot. So what we said is they're driving

1 right through Pullman to go to Seattle, Portland to  
2 get robotic procedure.

3 Q. If your hospital no longer had a da Vinci  
4 robot, would your hospital lose some surgeons?

5 MR. MENITOVE: Object to the form.

6 THE WITNESS: I don't --

7 BY MR. LYON:

8 Q. So I'll withdraw the question and I'll give  
9 you some guides.

10 During the course of the deposition, counsel  
11 may interpose an objection.

12 A. Okay.

13 Q. Pause, let them object. If you understand  
14 the question, go ahead and answer the question. It's  
15 preserving the record for down the road.

16 A. I see. Okay.

17 Q. So I'll reask the question.

18 Does the fact that your hospital has a  
19 da Vinci surgical robot help your hospital --  
20 withdrawn.

21 If your hospital no longer had a da Vinci  
22 robot, would your hospital lose some top surgeons?

23 MR. MENITOVE: Objection. Calls for  
24 speculation.

25 THE WITNESS: Do I still answer it?



1 other than they have a chip on them that only allow  
2 you ten uses. At the end of the tenth use, it becomes  
3 a disposable. I was glad to see that we could stop  
4 after nine uses --

5 (Reporter clarification.)

6 A. So I was pleased to see that we could use the  
7 instruments for a longer duration and have them  
8 reprogrammed with a cost savings.

9 Q. You stated that you believed EndoWrists had  
10 additional lives on them before you had to dispose of  
11 them when they reached their maximum use restrictions;  
12 is that right?

13 A. That's correct.

14 Q. Why did you believe that EndoWrists had  
15 additional lives on them?

16 A. Well, on the end of the tenth life, it wasn't  
17 working any different than it had been on the first  
18 life. There was no complaints by the physicians. If  
19 there were any, we'd take the instrument out of  
20 service or send it back in to Intuitive for repair if  
21 it still had lives left on it.

22 So if it's a grasper, it's a grasper. Is it  
23 grabbing the tissue like you think it should? As the  
24 physician says, it's feeling that tactile touch. You  
25 can't actually feel the touch, but on a console.

1 But it's grabbing the tissue. They're liking  
2 what they're seeing. They're liking what they're  
3 feeling. So the instrument can still continue to be  
4 used.

5 Q. Is that how you determine whether a  
6 traditional laparoscopic device should continue to be  
7 used as well?

8 A. Yes, the functionality of it.

9 Q. Is your hospital aware of any other companies  
10 other than Rebotix Repair that repairs and services  
11 EndoWrists?

12 A. I'm not aware of anybody else.

13 Q. Is your hospital aware of any companies other  
14 than Rebotix Repair that can reset the usage counter  
15 on EndoWrists beyond the limit imposed by Intuitive?

16 A. I'm not aware of anybody else.

17 Q. Would your hospital have agreed to use  
18 EndoWrists repaired by Rebotix if the repaired  
19 EndoWrists were unsafe?

20 A. No, never.

21 MR. MENITOVE: Object to the form.

22 BY MR. LYON:

23 Q. Did you do any testing or trials of  
24 Rebotix-repaired EndoWrists?

25 A. We did.

1 Q. What did you do to test or try out  
2 Rebotix-repaired EndoWrists?

3 A. We had three or four samples that we were  
4 given by Rebotix, and informed the physician that it  
5 was a reprocessed robotic instrument for the cases,  
6 made everybody in the room aware that it was a  
7 reprocessed instrument, and gave it a whirl.

8 There were no complaints. Everybody said  
9 they worked just fine. There was no difference than  
10 the non-reprocessed instruments. So we did -- we made  
11 some purchases. And then when we made our first  
12 purchases -- you had to get down to one life left  
13 before you could send them in. So once we got some  
14 instruments and we were able to send them in, got them  
15 back from Rebotix.

16 Myself and my assistant director, Steve  
17 Cromer, the only two that knew that those were the  
18 reprocessed instruments that came back in, we used  
19 them in a case. I asked the first assist, the  
20 surgeon, and the scrub tech in the room if there were  
21 any issues, complications, or problems about the  
22 instruments, and there were no issues. They --  
23 actually, one of them on one of the cases says the  
24 scissors seemed extremely sharp.

25 So we didn't have any issues and we were

1 going to continue to proceed forward using them.

2 Q. There is a lot there. I'm going to try to --

3 A. Yes.

4 Q. -- break down and unpackage that as well.

5 When you tested out the EndoWrists, was it  
6 during an actual surgery with a patient?

7 A. Yes.

8 Q. In the -- withdrawn.

9 Were the surgeons who used the  
10 Rebotix-repaired EndoWrists able to discern any  
11 difference between those EndoWrists and EndoWrists  
12 that had not been repaired or serviced by Rebotix?

13 A. No.

14 MR. MENITOVE: Objection. Foundation.

15 BY MR. LYON:

16 Q. Were the first assists able to discern any  
17 differences between the Rebotix-repaired EndoWrists  
18 and the EndoWrists that had not been repaired or  
19 serviced by Rebotix?

20 MR. MENITOVE: Same objection.

21 THE WITNESS: No.

22 BY MR. LYON:

23 Q. Were the scrub assists able to discern any  
24 difference between the Rebotix-repaired EndoWrists and  
25 EndoWrists that had not been repaired or serviced by

1 Rebotix?

2 MR. MENITOVE: Same objection.

3 THE WITNESS: No.

4 BY MR. LYON:

5 Q. Other than the first assists, the surgeons,  
6 and the scrub assists, did anyone else test or  
7 perceive the Rebotix-repaired EndoWrists in use?

8 MR. MENITOVE: Object to the form.

9 THE WITNESS: No.

10 BY MR. LYON:

11 Q. What is a first assist?

12 A. A first assist is the surgeon's assistant.  
13 They stay at the patient's bedside the entire time  
14 when the surgeon goes to the console. The first  
15 assist will help guide the instruments in, use the  
16 suction, an extra set of hands. They have their own  
17 laparoscopic equipment.

18 Q. What is a scrub assist?

19 A. Scrub assist is -- they will be responsible  
20 for the instrumentations, loading the clips, or  
21 handing the instruments off to the first assist and  
22 load it in the da Vinci. The scrub may also load the  
23 instrument themselves.

24 Q. Did you personally interview the surgeons and  
25 the technicians who were involved in the surgery --

1 withdrawn.

2 Did you personally interview the surgeons and  
3 the technicians who were involved in the trial of the  
4 Rebotix-repaired EndoWrists?

5 A. Yes.

6 Q. What did you learn from those interviews?

7 A. That the instruments still worked just like  
8 the nonrepaired ones. There was no difference.

9 Q. Does your hospital undertake any inspection  
10 efforts of an EndoWrist before it's used in a surgery?

11 A. Absolutely.

12 Q. What process does your hospital undertake to  
13 inspect an EndoWrist from Intuitive before it's used  
14 in a surgery?

15 A. So the inspection process will start in  
16 central sterile processing. There is multiple steps  
17 on processing and packaging those instrumentations,  
18 protecting the tips on them.

19 Once they're packaged, sent through sterile  
20 processing, they come into the room. The scrub tech,  
21 when they open the trays, will examine them on the  
22 field, make sure that the jaws are open and close,  
23 that the -- you know, everything is clean, that there  
24 is no dried blood, that the ports are working.

25 And then the first assist will do that also.

1 Hospital consider Intuitive to be a monopolist?

2 MR. MENITOVE: Object to the form.

3 THE WITNESS: Yes. I don't -- because I  
4 don't know of any other competition that they have.

5 BY MR. LYON:

6 Q. Back when you purchased your da Vinci  
7 machine, if Intuitive had raised the price of the  
8 da Vinci machine by 5 or 10 percent, would your  
9 hospital still have purchased the da Vinci machine or  
10 would it have looked to alternatives?

11 MR. MENITOVE: Objection. Calls for  
12 speculation. Lacks foundation.

13 THE WITNESS: Yeah, so if you're talking  
14 another 100- or 150,000, I believe we would have  
15 continued to proceed to purchase the Intuitive robot.

16 BY MR. LYON:

17 Q. Currently, are you planning to purchase a new  
18 da Vinci robot -- withdrawn.

19 If you are planning to purchase a new --  
20 withdrawn.

21 Currently, with your plans to purchase a new  
22 da Vinci robot, if Intuitive raised the price by 5 to  
23 10 percent, would your hospital look to alternatives  
24 or would it still purchase the da Vinci robot?

25 MR. MENITOVE: Object to the form.

1 THE WITNESS: Well, I don't know who else we  
2 can purchase from or even try out at this point. So,  
3 yes, we would purchase the Intuitive robot. It may be  
4 delayed, there may have to be additional fundraising,  
5 but that would be our course.

6 BY MR. LYON:

7 Q. If you plan to purchase a new da Vinci robot  
8 at its quoted price and Intuitive raised the price by  
9 5 to 10 percent, would your hospital look to perform  
10 more traditional, nonrobotic surgeries instead of  
11 purchasing a da Vinci robot?

12 MR. MENITOVE: Object to the form.

13 THE WITNESS: No. I don't think that would  
14 play a factor. And, like I said, that would be a  
15 physician and a patient's choice. The hospital stays  
16 out of those conversations.

17 BY MR. LYON:

18 Q. And the hospital needs -- withdrawn.

19 Does the hospital need a da Vinci robot in  
20 order to service the patients' and the surgeons'  
21 demands?

22 A. Yes.

23 MR. MENITOVE: Object to the form.

24 THE WITNESS: Yes.

25 (Reporter clarification.)



1 BY MR. LYON:

2 Q. Are your surgeons trained to use the da Vinci  
3 surgical robot?

4 A. Yes.

5 Q. How much training do surgeons undergo before  
6 they are able to use the da Vinci surgical robot?

7 A. So they do --

8 MR. MENITOVE: Object to the form.

9 THE WITNESS: They do three to five cases  
10 with a preceptor. Once the preceptor signs off on  
11 them, they're free to go on their own.

12 After they hit their 20-case mark, they  
13 get -- they start to feel -- 15 to 20, they start to  
14 feel the tactile touch. And then at the 20-case mark,  
15 Intuitive will list them as a da Vinci or Intuitive or  
16 robotic surgeon.

17 BY MR. LYON:

18 Q. What is a preceptor?

19 A. A preceptor is somebody who is skilled in  
20 using the robot. So let's just take hysterectomies.  
21 So a robotically trained hysterectomy surgeon will go  
22 into our nonrobotically trained, has done laparoscopic  
23 and open hysterectomies, but will be there when they  
24 do their first robotic cases.

25 And so even though we have done -- we'll do

1 BY MR. LYON:

2 Q. For example, there is no reason your hospital  
3 would only use Rebotix for a subset of EndoWrist types  
4 or for limited volumes of EndoWrists; is that right?

5 MR. MENITOVE: Object to the form.

6 BY MR. LYON:

7 Q. I'm sorry?

8 A. We would use the Rebotix for the extended  
9 life of the EndoWrist.

10 Q. Is there any reason other than Intuitive's  
11 prohibition on you doing so that you wouldn't use  
12 Rebotix's repair services on all of your EndoWrists?

13 A. All of them that are certified to be  
14 reprocessed would be.

15 Q. What do you mean?

16 A. Providing that you have to -- you can't use  
17 the last use, there has to -- you can use nine lives.  
18 And so a couple times we used them on the tenth. And  
19 so the robot -- so that arm was disposed of  
20 afterwards. So it would be a staff error.

21 Q. One additional use -- is one -- withdrawn.

22 Is one additional use required in order for  
23 Rebotix to perform the repair and reset the usage  
24 counter?

25 A. That's what I was informed and understood.

1 Q. In those instances where you used all of the  
2 lives and were unable to use Rebotix's services, was  
3 that an error?

4 A. Once we started, yeah. Once we were trying  
5 to save them. So, yes, that would be an error.

6 Q. If it weren't for Intuitive's contractual  
7 limitations, would your hospital use Rebotix's  
8 services to the full extent that Rebotix was willing  
9 to provide them?

10 A. Yes.

11 MR. MENITOVE: Object to the form.

12 THE WITNESS: Yes.

13 BY MR. LYON:

14 Q. Do your surgeons have any preference for or  
15 against using Rebotix-repaired EndoWrists?

16 A. They --

17 MR. MENITOVE: Objection. Foundation. Calls  
18 for speculation.

19 THE WITNESS: They didn't have any concerns  
20 at the time. We didn't get to go long enough to get a  
21 full run of it, full trial.

22 BY MR. LYON:

23 Q. Have patients stated any preference for or  
24 against -- withdrawn.

25 Do your patients have any preference for or

1 against using repaired EndoWrists?

2 MR. MENITOVE: Objection. Calls for  
3 speculation. Lacks foundation.

4 THE WITNESS: The patients really would not  
5 have a say in on that. I have not heard -- no.

6 BY MR. LYON:

7 Q. Are you aware of any preference from insurers  
8 or third-party payors for or against using repaired  
9 EndoWrists?

10 A. No.

11 Q. Does the amount of money your hospital  
12 receives for a surgical procedure depend on whether a  
13 repaired EndoWrist is used?

14 A. No, there is -- no.

15 Q. Does reducing the costs of EndoWrists by  
16 using the Rebotix Repair service improve the  
17 hospital's profitability associated with procedures  
18 that used the da Vinci system?

19 A. Yes.

20 MR. MENITOVE: Object to the form.

21 MR. LYON: I placed a new document into the  
22 chat feature. Does everyone have access to that?

23 MR. ALMY: I don't, but I do have access to  
24 the TSG folder. So if you can just tell me which one  
25 it is, I can pull it up.

1 that number.

2 Q. And the chart indicates four as the average  
3 number of instruments per surgery. Is that a number  
4 you provided to Mr. Boyette?

5 A. That would have been a number. We could go  
6 up to six or seven in some cases and three in others,  
7 but that would have been an average.

8 Q. Your chart indicates that the average cost  
9 per instrument serviced by Rebotix is 1,332. Do you  
10 see that?

11 A. I do.

12 Q. And the average cost per instrument from  
13 Intuitive is indicated as 2,000. Do you see that?

14 A. I do.

15 Q. Are those numbers that Mr. -- withdrawn.  
16 Were those numbers generally accurate as of  
17 the time two years ago when this chart was created?

18 A. Yeah. They were -- they were just kind of a  
19 rounded number. The average robotic instrument we  
20 paid for is -- from Intuitive is 2,000, and then the  
21 Rebotix, based off of the numbers we gave them at the  
22 time, is where we came up with the 1,332.

23 Q. And the figure \$62,400 as the total annual  
24 savings, do you see that?

25 A. I do.

1 Q. Is that your understanding of how much using  
2 the Rebotix services would save your hospital in a  
3 given year, based on the numbers from two years ago?

4 A. Yes.

5 Q. At some point your hospital stopped using  
6 Rebotix Repair services; is that right?

7 A. Yes.

8 Q. Why did your hospital stop using Rebotix  
9 Repair services?

10 A. Well, we were informed that our preventive  
11 maintenance contract, that we were in violation of it.  
12 And so we read through the contract, saw that it did  
13 say that if we used an outside vendor for  
14 instrumentation, that the preventive maintenance  
15 contract could and, after talking with Intuitive,  
16 would be potentially canceled, so we quit using them.

17 MR. LYON: I'm going to mark as Exhibit 4 an  
18 email dated August 15, 2019, from Jason Snyder to Ed  
19 Harrich.

20 (Plaintiff's Exhibit 4 was marked for  
21 identification.)

22 BY MR. LYON:

23 Q. And let me know when you're able to pull that  
24 up.

25 A. Yes.

1 Q. Do you recognize this document?

2 A. Yes.

3 Q. What is it?

4 A. It's a letter from Jason Snyder to myself.

5 Q. Was the --

6 MR. MENITOVE: Sorry. Just to interject --  
7 oh, I was going to ask -- I think I have this printed  
8 out, so I was going to ask for a Bates number, but I  
9 see you also put it in the chat, so I can open it  
10 there too. Sorry to interrupt.

11 MR. LYON: Now do you see it? I'm sorry.

12 MR. MENITOVE: No, no. I got it. Go ahead.  
13 Sorry.

14 BY MR. LYON:

15 Q. Was the August 15th email from Jason Snyder  
16 the first time that Intuitive told your hospital to  
17 stop using Rebotix Repair's services?

18 MR. MENITOVE: Object to the form.

19 THE WITNESS: This was the first time it was  
20 in writing. Jason and I might have had a  
21 conversation. I think I told him that we were  
22 looking -- I'd had the conversation with Rebotix a  
23 week or two weeks or some time period ahead of time.  
24 But this was the first time in writing.

25 ///

1 read the subpoenas. I was just told what I was  
2 supposed to get off of the subpoenas. They weren't  
3 addressed to me individually.

4 Q. So feel free to take a moment to read these  
5 topics. And then my question for you is going to be:  
6 Do you feel prepared to speak on behalf of Pullman  
7 about each of these topics here today?

8 A. Okay.

9 Okay. I've read through these. I feel fine  
10 to speak on behalf of the hospital on these topics.

11 Q. Okay. Great. So we talked a little bit  
12 today about Pullman's acquisition of the da Vinci Si  
13 back in 2011, and I just want to circle back quickly  
14 and ask a few additional questions about that topic.

15 A. Okay.

16 Q. So you talked about some of the product  
17 advantages that you perceived as rationales for  
18 Pullman to acquire the Si back in 2011.

19 And I wanted to ask: Were there any other  
20 alternatives to purchasing the Xi that Pullman  
21 considered back in 2011?

22 A. No, there were no other alternatives.

23 Q. And by that, I mean, you know, not only other  
24 forms of robotic-assisted surgery. Was there any  
25 discussion about performing more laparoscopic surgery



1 instead of Pullman acquiring the da Vinci Si?

2 A. The conversations at that time were we were  
3 losing all our prostate business because of the robot,  
4 and the urologist, Dr. John Keizur, saying that "If  
5 we're going to keep doing prostates, we have to get  
6 the da Vinci robot." And so that -- that was our  
7 goal. That was our conversation. There was no  
8 additional conversations about other laparoscopic  
9 procedures.

10 Q. Is it fair to say that the prostate surgery  
11 was the driver in terms of motivating Pullman to  
12 acquire the da Vinci Si in 2011?

13 A. That, and we needed the robot to help land  
14 urology-trained surgeons. The ones coming out of  
15 school that we talked to, as soon as we said we didn't  
16 have a robot, the conversation was over and they moved  
17 on.

18 Q. And were there any other types of surgeries  
19 that Pullman was considering as a rationale for  
20 acquiring the da Vinci Si in 2011?

21 A. No. There was a lot of advertisement at the  
22 time about the advantages of doing a lap choley with  
23 the robot. Our docs are very laparoscopic proficient  
24 at the time. They weren't going to save any time.  
25 They had very little interest.

1           So our main, main focus was landing a second  
2 urologist. We knew we were going to have an extremely  
3 difficult time or we were going to get an old-school  
4 doctor, someone at the end of their career. If we  
5 didn't get a robot, that's what we were going to be  
6 stuck with, doing a little bit of a disservice to our  
7 community. So that's where it went to get a  
8 urologist.

9           Q. Back in 2011, did Pullman perform any kind of  
10 financial analysis about the merits of acquiring the  
11 da Vinci Si?

12          A. That would be a question I'd have to have you  
13 talk to Steve Febus, our CFO, about or Scott Adams. I  
14 know we had financial discussions about it, what the  
15 volumes would look like, would we make our money back  
16 up, would it be used by any other specialties. And  
17 those were all just question marks.

18               Basically, those were kind of even off the  
19 table. We had to get one to get another urologist,  
20 and that was our biggest focus. Regardless of  
21 spending the 1.5 million or taking a lease on it or  
22 how we paid for it, we just needed to use it to get  
23 our urologist. We'd just lost Dr. Ullrich, who went  
24 to The Dalles, Oregon, because we didn't have plans of  
25 getting a robot. Once he left, we couldn't replace

1 him.

2 Q. And have you done any analysis since to see  
3 whether, I think as you put it, you made your money  
4 back on the da Vinci Si?

5 A. Well, we made our money back -- when I talked  
6 about the endometriosis lesions, when we talked about  
7 removing the bowel cancer in the lower  
8 cholecystectomies, we made it back right then and  
9 there.

10 Pullman Regional is not everything is about  
11 making money. We make the money to try to keep us  
12 afloat, but it's patient satisfaction, doing the right  
13 thing for our customers and our physicians. So that's  
14 not the underlying -- underlying reason why we're  
15 doing it.

16 Q. Back in 2011, did you have any -- strike  
17 that.

18 Back in 2011, did Pullman have any  
19 negotiations with Intuitive about the price or other  
20 terms of sale for that da Vinci Si?

21 A. Yes. There was discussions on the price, did  
22 we lease it or pay half or what. You know, we have  
23 those full negotiation conversations that you always  
24 have. Can we get an extra year of preventive  
25 maintenance? Can we have you bring in the robot?

## REPORTER'S CERTIFICATE

I, Cynthia J. Vega, a Certified Shorthand Reporter for the State of California, do hereby certify:

That the witness in the foregoing remote deposition was by me duly sworn remotely; that the remote deposition was then taken before me at the time and place herein set forth; that the testimony and proceedings were reported by me stenographically and were transcribed through computerized transcription under my direction; and the foregoing is a true and correct record of the testimony and proceedings taken at that time.

I further certify that I am not of counsel or attorney for either or any of the parties in the foregoing proceeding and caption named or in any way interested in the outcome of the cause in said caption.

IN WITNESS WHEREOF, I have subscribed my name this 25th day of May, 2021.

Reading and Signing was not requested.

*Cynthia Vega*

Cynthia J. Vega

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